

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6	1					
7		1				
8		1				
9		2				
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TOTAL IND.	19					
TOTAL DEP.						
TOTAL CLAIMS						

	A		B		C	
	IND	DEP	IND	DEP	IND	DEP
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